

HOSPITAL DISCHARGE PLANNING GUIDE



Why should DCF be actively involved with discharge planning?

- ❖ To reduce the risk of unnecessary readmissions
- ❖ To avoid disruptions in placements
- ❖ To ensure that a caretaker has access to supports, understands the needs of the child and can provide appropriate aftercare
- ❖ To identify and address discharge planning issues soon after admission
- ❖ To support biological parents when a child is not in DCF custody

1. What should DCF staff ensure that the hospital has done prior to discharge?

- a. Make appropriate referrals for age and child's needs, (i.e., home care services, Early Intervention, CBHI and WIC) Schedule appointments (i.e., primary care, specialist, therapy) and give appointment information to caretaker
- b. Ensure that caretaker understands the diagnoses (medical/mental health), and answer caretaker's questions
- c. Give caretaker written instructions, Discharge Summary and medical records
- d. If applicable, include the school nurse in the planning to ensure that the school can accommodate the child's needs
- e. Provide a list of medications, explain all medications and possible side effects and give written prescriptions to caretaker
- f. Review the reasons to call the primary care/mental health provider if there are concerns after discharge
- g. If a child has mental health issues ensure that the mental health providers' recommendations are in the discharge plan
- h. Fax prescriptions to the pharmacy prior to discharge to determine if a special compounding pharmacy is needed

***Note: For further assistance regarding discharge, please consult with your Regional Nurse and/or Mental Health Specialist**

2. For medically complex children, what does the hospital need to do prior to discharge?

- a. Arrange for delivery of equipment, medical supplies and special formula
- b. Arrange necessary special transportation. Child may need transportation to follow up appointments via ambulance or taxi. For prior approval of MassHealth reimbursement, a PT1 Form must be completed by the medical provider.
- c. For premature or low birth weight babies, the baby needs to be assessed for breathing difficulties while in the car seat that the caretaker will use
- d. Make sure that caretaker understands the child's care needs and can demonstrate care, such as:
 - Special feedings such as IV central line or tube feedings
 - If the child needs equipment, caretaker is aware of what to do if there is a power outage
 - Home safety with use of oxygen
 - How to access Emergency Medical Services or calling 911
 - Who to call if there are problems with equipment or to reorder supplies and equipment
 - Whether the child needs handicapped accessible environment
 - For some children, the caretaker will need to be certified in CPR (e.g., children on a ventilator or children with serious or unstable heart or breathing conditions or those on an apnea monitor)

3. What should DCF staff do when a child is being discharged to a new caretaker?

- a. Obtain information from medical providers about all of the child's care needs to help identify an appropriate home
- b. Ensure that the new caretaker has been thoroughly trained by the hospital and understands all the child's care needs
- c. Ask whether the child has an allergy or asthma so that if the home has pets, another placement might be considered
- d. Determine if there are smokers in the home or group care setting, as smoking worsens many medical conditions
- e. If a child is to be in a new school, request and obtain records from the previous school to allow speedy enrollment
- f. Determine who will provide the caretaker with respite and ensure that they are trained in the child's care

4. What should DCF staff consider prior to discharge for medically complex children?

- a. Avoid Friday discharges unless the child has a well-established placement with a caretaker who is very knowledgeable in the necessary care, all services are in place and the child's medical condition is very stable
- b. For children not in DCF custody, ask parent to sign a release so that information can be exchanged with the hospital
- c. Determine whether the child needs a handicap accessible environment
- d. Make sure the hospital has explained how to proceed if there are life-threatening complications
- e. For very medically complex or severely disabled children, consider whether an order to forgo or discontinue life sustaining medical treatment is indicated if not already in place

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- f. If the child will attend school, inform the school nurse and the Special Education staff of the child's needs
- g. For children in DCF custody, refer to the Special Kids♥Special Care Program if available in your area (contact your Regional Nurse or see the "Medical Forms" section of Intranet for the Referral Form)

5. What additional factors should DCF staff consider for discharge of drug exposed babies?

- a. Understand the difference between a baby born drug addicted and having withdrawal symptoms versus one whose drug screen was positive but there are no withdrawal symptoms
- b. The drug(s) the baby was exposed to prenatally and the withdrawal symptoms to expect
- c. The current severity of withdrawal symptoms and the anticipated length of inpatient stay
- d. Whether the caretaker has been instructed in the specific care of a drug exposed baby
- e. The possible long term effects of the drug exposure and impact on development
- f. Whether a referral to a visiting nurse is appropriate
- g. For more information about drug exposed babies, see Newsletter "Drug Exposed Babies: Neonatal Abstinence Syndrome" under *Medical Forms* on the Intranet and consult with your Substance Abuse Coordinator

6. What should DCF staff do when the discharge plan proposed by the hospital seems unsafe/inappropriate or they don't understand it?

- a. Do not consent to a discharge if the plan seems unsafe, inappropriate or inadequate or questions are not answered
- b. Consult with the DCF Regional Nurse or the Childrens Hospital Nurse Liaisons (see # 10) and/or Regional Mental Health Specialists and Substance Abuse Coordinators if you have questions or need support advocating for the child
- c. Freely ask questions of the hospital staff and/or request a meeting at the hospital

7. When should DCF staff ask the hospital to make a referral to for home care services?

- a. If a child has a chronic medical condition or a new diagnosis/injury (consult with your Regional Nurse)
- b. When a child needs ongoing assessment or monitoring in the home by a nurse or physical or occupational therapist
- c. When the caretakers need reinforcement of instructions given by the hospital prior to discharge
- d. When a child has needs above that of a normal healthy child and it's the caretakers' first placement

8. How can the DCF Health and Medical Services Team (HMST) Medical Social Worker help?

(Contact information for the HMST Social worker can be found on the "Medical Services" page of the DCF Intranet)

- a. Questions about referrals to the Special Kids♥Special Care Program
- b. Questions about resources/supports for the child/family
- c. Consultation regarding coordination of medical and social issues

9. How can the HMST Regional Nurses help?

(Contact information for the HMST Regional Nurses can be found on the "Medical Services" page of the DCF Intranet)

- a. Consultation regarding the appropriate type of placement for a child
- b. Whether to make a referral to the Special Kids♥Special Care Program
- c. Questions about MassHealth
- d. Questions about a medical condition, medication or medical treatment
- e. Questions about consenting for follow up procedures or anesthesia
- f. Discharge planning coordination
- g. Assistance with discharge planning meetings and concerns about the discharge plan

Note: Consultation with Mental Health Specialists and Substance Abuse Coordinators should be considered when appropriate

10. How can the HMST Childrens Hospital Nurse Liaisons help?

For children being treated at Childrens Hospital Boston or if you need assistance accessing services at the hospital, call the Childrens Hospital DCF Nurse Liaisons at 617-355-6755 for help:

- a. Assessing the ability of caretakers to provide the care necessary for the specific child's medical condition and needs
- b. Explaining or interpreting medical information
- c. Collaboration with the hospital Discharge Planning and Social Work staff
- d. Assistance with handling medical record requests from DCF

Note: For children who are not in DCF custody, a written release is needed to share or obtain information

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